

Commonwealth of Massachusetts

Center for Health Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

CIGNA HealthCare of Massachusetts, Inc Medical														
	Submis													
File	sion													
Type*	Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	5,128	5128
PR	2011	0	0	3,832	0	380	4,337	0	0	45	0	0	36	8630
PR	2012	0	0	35										35
ME	2009	0	0	0	0	0	0	0	0	0	0	0	3,958	3958
ME	2010	0	0	0	0	0	0	0	0	0	0	0	1,136	1136
ME	2011	1,210	1,278	1,344	1,403	1,453	1,481	1,487	1,492	1,458	1,442	1,423	1,401	16,872
ME	2012	1,380	1,359	1,338	1,315	1,286								6,678
PV	2011	1,560	502	1,014	404	33,215	334	87	23	18	27	20	86	37,290
PV	2012	19	18	4	6									47
МС	2008	635	5,023	5,365	4,849	5,242	4,206	4,317	3,691	3,394	3,812	3,847	3,268	47649
МС	2009	4,561	3,689	4,506	4,039	4,178	3,591	3,617	2,872	2,977	2,767	2,233	1,955	40,985
МС	2010	102	148	92	148	128	91	183	145	246	357	196	297	2133
МС	2011	106	151	163	135	111	71	35	48	12	16	13	8	869
МС	2012	5	33	40	5	2								85
PC	2008	2,115	2,047	2,134	1,981	1,890	1,806	1,726	1,537	1,531	1,592	1,462	1,417	21,238
PC	2009	6	21	7	17	11	13	6	4	3	8	2	4	102
PC	2010	5	4	8	12	12	18	17	46	48	36	34	33	273
PC	2011	51	35	52	34	39	25	9	3	7	4	1	1	261
PC	2012	1												1
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

*Key: PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

 These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









